

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

STEPHANIE LYNN FORD

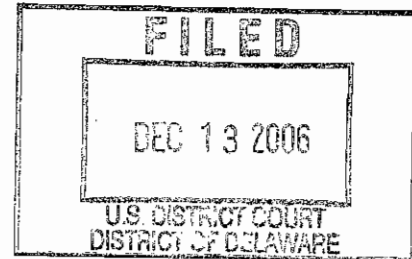
Plaintiff,

V.

CHRISTIANA CARE HEALTH  
SYSTEMS, RICHARD BURTON, AND  
CLARA CLARK

DEFENDANTS.

CIVIL ACTION NO. 06-301 (KAJ)



PLAINTIFF'S MOTION TO COMPEL AGAINST THE DEFENDANTS FOR FAILURE TO PRODUCE  
DOCUMENTS.

I the plaintiff STEPHANIE LYNN FORD filed this motion to compel against the defendants for failing to produce the following listed documents.

On October 2, 2006 at 8:34am , I requested DOCUMENT # 1 In letter form, the person or persons who authorized and is responsible for the termination of the plaintiff, STEPHANIE LYNN FORD employment status, employment benefits, and the reason for the employment termination at CHRISTIANA CARE HEALTH SYSTEMS. I the plaintiff, STEPHANIE LYNN FORD have enclosed what I have received from MORGAN, LEWIS & BOCKIUS LLP /KENDRA BAISINGER ATTORNEYS FOR THE DEFENDANTS. DOCUMENT D0195 AND D0196.

I the plaintiff am making a third attempt to retrieve Document # 1. Please see documents D0195 and D0196, which there is only one sheet of paper, I have enclosed a copy for the courts records. I the plaintiff, Stephanie Lynn Ford asked this Honorable Court to apply the law to these actions for failing to produce all of the information pertaining to these documents. PLEASE SEND ME ALL OF THE DOCUMENTS THAT I REQUESTED.

In Document # 2, I the plaintiff asked the defendant to Pleased produce all information pertaining to my Pension Benefits from the defendants, Christiana Care Health Systems. The defendants again only sent me one sheet of paper pertaining to the plaintiff Pension Benefits, which I have enclosed a copy for the courts records. I the plaintiff again am asking the court to apply the law to their actions for failure to produce the requested documents.

In Document # 3, I the plaintiff asked the defendant to Please produce all information pertaining to my medical benefits. The defendants failed to produce these documents, Kendra Baisinger sent me a great deal of papers through Federal Express, and after I reviewed the numerous pages of paperwork it is still not what I requested among all of the paperwork she sent me dated for October 2, 2006.

I the plaintiff, asked this Honorable Court to apply the law to these actions for failing to produce all of the medical benefits documents.

In Document # 4, I the plaintiff, asked the defendant to Please produce all information pertaining to my Life Insurance policy. The defendants refuse to forward me the information pertaining to the plaintiff's Life Insurance Policy. I have also enclosed the misprinted Beneficiary Designation Life Insurance / Personal

Accident Insurance Form, which I received from Morris, James, Hitchen & Williams / Morgan, Lewis & Bockius LLP/ Kendra L. Baisinger. I have also filed a motion to compel against Unum Life Insurance Company Of America for failing to produce the Life Insurance Policy along with three other documents, which I requested from Unum back in May 16, 2006 at 8: 33am. I the plaintiff asked this Honorable Court to apply the Law for their action in failing to produce the documents that I have requested. The defendants only sent me 2 sheets of paper, bates labeled D0011 Beneficiary Designation Life Insurance / Personal Accident Insurance, with the Plaintiff 's name spelled incorrectly and page 2 bates labeled D0012 Beneficiary Designation Form, there is only one check mark on the paper. I have enclosed a copy for the Courts Records. I asked this Honorable Court to apply the Law to the defendants actions.

In Document # 5, I the plaintiff asked the defendants to Please produce all information pertaining to the plaintiff's personal accident insurance from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003. Please refer to bates labeled D0011 and D0012. The defendants is refusing to gives me these documents as well. I asked this Honorable Court to apply the Law to their actions.

In Document # 6, I the plaintiff asked the defendants to Please produce all information pertaining to the Plaintiff's Dental Insurance Coverage from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003. The Defendants refuse to forward the plaintiff the requested Dental Insurance information. I the plaintiff asked this Honorable Court to apply the Law against them for refusing to produce the Dental Insurance Information.

In Document # 7, I the plaintiff asked the defendants to Please produce all information pertaining to the Plaintiff's Long Term Disability Benefits from the Defendants, Christiana Care Health Systems from August 1987 to October 28, 2003. The Defendants refuse to provide me with all Long-Term Disability Benefits Information. I asked this Honorable Court to apply the Law to their actions.

I the plaintiff want to inform the Court that most of the documents that I the plaintiff Stephanie Lynn Ford is receiving from the defendants are not the documents I requested. I would like to obtain these Documents to be able to answer the Memorandum Opinion Order dated December 6, 2006, time 2:01pm. I asked this Honorable Court to Grant Plaintiff's Motion To Compel.

*Stephanie L. Ford*

STEPHANIE LYNN FORD  
19 ALBANY AVE.  
NEWCASTLE, DELAWARE 19720  
DECEMBER 13, 2006

TO: MORGAN, LEWIS & BOCKIUS LLP  
MS. KENDRA L. BAISINGER  
1701 MARKET STREET  
PHILADELPHIA, PA 19103-2921

FROM: STEPHANIE LYNN FORD  
19 ALBANY AVE.  
NEWCASTLE, DELAWARE 19720  
NOVEMBER 20, 2006

RE: FORD v. CHRISTIANA CARE HEALTH SYSTEMS,  
RICHARD BURTON, and CLARA CLARK, C.A. NO. 06-301 (KAJ)

DEAR MS. BAISINGER

PER TELEPHONE CONVERSATION, I STEPHANIE LYNN FORD AM MAKING A SECOND ATTEMPT TO RETRIEVE THE FOLLOWING DOCUMENTS. PLEASE MAIL ME THE LISTED DOCUMENTS NO LATER THAN DECEMBER 6, 2006. OTHERWISE, I HAVE NO OTHER CHOICE BUT TO FILE A MOTION TO COMPELL WITH THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE.

DOCUMENT # 1. IN LETTER FORM, THE PERSON OR PERSONS WHO AUTHORIZED AND IS RESPONSIBLE FOR THE TERMINATION OF THE PLAINTIFF, STEPHANIE LYNN FORD EMPLOYMENT STATUS, EMPLOYMENT BENEFITS, AND THE REASON FOR THE EMPLOYMENT TERMINATION AT CHRISTIANA CARE HEALTH SYSTEMS.

DOCUMENT # 2. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S PENSION BENEFITS FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 3. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S MEDICAL BENEFITS FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 4. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S LIFE INSURANCE FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 5. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S PERSONAL ACCIDENT INSURANCE FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 6. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S DENTAL INSURANCE COVERAGE FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 7. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S LONG TERM DISABILITY BENEFITS FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

SINCERELY,

*Stephanie L. Ford* 11/20/06

STEPHANIE LYNN FORD  
19 ALBANY AVE.  
NEWCASTLE, DELAWARE 19720

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

STEPHANIE LYNN FORD,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Consolidated
	)	Civil Action No. 06-301 KAJ
	)	Civil Action No. 06-458-KAJ
CHRISTIANA CARE HEALTH	)	
SYSTEMS, RICHARD BURTON, and	)	
CLARA CLARK,	)	
	)	
Defendants.	)	

**DEFENDANTS' RESPONSES AND OBJECTIONS TO  
PLAINTIFF'S SUPPLEMENTAL REQUEST FOR PRODUCTION  
DATED NOVEMBER 20, 2006**

Defendant Christiana Care Health Systems ("Christiana Care"), Richard Burton, and Clare Clark (collectively "Defendants"), by and through their attorneys, hereby respond and object to Plaintiff Stephanie Ford's ("Plaintiff") Supplemental Request for Production dated November 20, 2006 in accordance with the numbered paragraphs set forth below.

In furnishing these responses, Defendants do not admit or concede the relevance, materiality, or admissibility in evidence of the information provided. All objections to the use of such information, at trial or otherwise, are expressly reserved. Defendants incorporate their General Objections from Defendants' First Responses and Objections to Plaintiff's First Request for Production of Documents, and responds to Plaintiff's requests as follows:

**SPECIFIC OBJECTIONS AND RESPONSES**

(In addition to all applicable General Objections set forth above)

1. In letter form, the person or persons who authorized and is responsible for the termination of the Plaintiff, Stephanie Lynn Ford employment status, employment benefits, and the reason for the employment termination at Christiana Care Health Systems.



**Answer:** In addition to their General Objections, Defendants object to this Request because it is vague and ambiguous, and imposes obligations greater than and inconsistent with those provided for in the Federal Rules of Civil Procedure. Subject to and without waiving any objections, please see documents D0195 and D0196, attached hereto, which may provide you with additional information. Defendants have produced all responsive, non-privileged documents to the extent such documents exist and have been located.

2. Please produce all information pertaining to Plaintiff's pension benefits from the defendant, Christiana Care Health Systems from August 1987 to October 28, 2003.

**Answer:** In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, in addition to the documents that Defendants produced in their first document production, please see document D0197, attached hereto. Defendants have produced all responsive, non-privileged documents to the extent such documents exist and have been located. Furthermore, we have served a subpoena (which you have received a copy of) on Lincoln National Life Insurance Company requesting documents relating to your benefit plans. We will send you a copy of any documents that are produced in response to the subpoena.

3. Please produce all information pertaining to the Plaintiff's medical benefits from the defendant, Christiana Care Health Systems from August 1987 through October 28, 2003.

**Answer:** In addition to their General Objections, Defendants object to this Request because it is overbroad, vague and ambiguous. Subject to and without waiving any objections, Defendants

have already produced all responsive, non-privileged documents to the extent such documents exist and have been located.

4. Please produce all information pertaining to the Plaintiff's life insurance from the Defendant, Christiana Care Health System from August 1987 to October 28, 2003.

**Answer:** In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, Defendants have already produced all responsive, non-privileged documents to the extent such documents exist and have been located.

5. Please produce all information pertaining to the Plaintiff's personal accident insurance from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003.

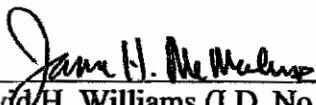
**Answer:** In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, Defendants have already produced all responsive, non-privileged documents to the extent such documents exist and have been located.

6. Please produce all information pertaining to the Plaintiff's dental insurance coverage from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003.

**Answer:** In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, Defendants have already produced all responsive, non-privileged documents to the extent such documents exist and have been located.

7. Please produce all information pertaining to the Plaintiff's long term disability benefits from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003.

**Answer:** In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, Defendants have already produced all responsive, non-privileged documents to the extent such documents exist and have been located. Furthermore, we have served Unum Life Insurance Company of America with a subpoena (which you have received a copy of) requesting documents related to your long term disability policy. We will send you a copy of any documents that are produced in response to this subpoena.

  
David H. Williams (I.D. No. 616)  
James H. McMackin, III (I.D. No. 4284)  
MORRIS JAMES LLP  
500 Delaware Ave., Suite 1500  
P.O. Box 2306  
Wilmington, DE 19899-2306  
302.888.6900  
dwilliams@morrisjames.com  
jcmackin@morrisjames.com

Michael J. Ossip (admitted pro hac vice)  
Thomas S. Bloom (admitted pro hac vice)  
Kendra L. Baisinger (admitted pro hac vice)  
MORGAN, LEWIS & BOCKIUS LLP  
1701 Market Street  
Philadelphia, PA 19103  
215.963.5543

Attorneys for Defendants

Dated: December 1, 2006



IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

STEPHANIE LYNN FORD,

Plaintiff,

V.

CHRISTIANA CARE HEALTH  
SYSTEMS, RICHARD BURTON, and  
CLARA CLARK,

Defendants.

Civil Action No. 06-301 (KAJ)

2006 OCT -2 AM 8:34  
U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

REQUEST TO PRODUCE DOCUMENTS

I THE PLAINTIFF, STEPHANIE LYNN FORD, PRO-SE, HEREBY RESPECTFULLY AM REQUESTING THIS HONORABLE COURT, TO GRANT THE PLAINTIFF'S REQUEST TO OBTAIN THE FOLLOWING LISTED DOCUMENTS FROM THE DEFENDANTS, CHRISTIANA CARE HEALTH SYSTEMS, RICHARD BURTON, and CLARA CLARK,

1. Plaintiff, Stephanie Lynn Ford, resides at 19 Albany Ave. Newcastle, Delaware 19720
2. Defendants, CHRISTIANA CARE HEALTH SYSTEMS, RICHARD BURTON, and CLARA CLARK, / DAVID H. WILLIAMS (# 616) MORRIS, JAMES , HITCHENS & WILLIAMS LLP 222 Delaware Ave., 10<sup>th</sup> Floor P.O. Box 2306 Wilmington, De. 19899

DOCUMENT #1. IN LETTER FORM, THE PERSON OR PERSONS WHO AUTHORIZED AND IS RESPONSIBLE FOR THE TERMINATION OF ALL THE PLAINTIFF'S STEPAHNIE LYNN FORD EMPLOYMENT BENEFITS AND EMPLOYMENT STATUS, AND THE REASON FOR THE TERMINATION.

DOCUMENT #2. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY PENSION BENEFITS FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS.

DOCUMENT # 3. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY MEDICAL BENEFITS.


DOCUMENT # 4. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY LIFE INSURANCE POLICY.

DOCUMENT #5. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY PERSONAL ACCIDENT INSURANCE.

DOCUMENT # 6. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY DENTAL INSURANCE COVERAGE.

DOCUMENT # 7. PLEASE PRODUCE ALL INFORMAION PERTAINING TO MY LONG TERM DISABILITY BENEFITS.

SINCERELY,

A handwritten signature in cursive script that reads "Stephanie L. Ford".

STEPHANIE LYNN FORD  
19 ALBANY AVE.  
NEWCASTLE, DELAWARE 19720  
OCTOBER 2, 2006

CC: David H. Williams (#616)  
MORRIS, JAMES, HITCHENS &  
WILLIAMS LLP

PF:

**CERTIFICATE OF SERVICE**

**THE UNDERSIGNED HEREBY CERTIFIES  
THAT COPIES OF THE FOREGOING  
WERE CAUSED TO BE SERVED THIS  
2<sup>ND</sup> DAY OF OCTOBER 2006, UPON THE  
FOLLOWING IN THE MANNER INDICATED:**

**U.S. CERTIFIED MAIL**

**DAVID H. WILLIAMS (#616)  
MORRIS, JAMES, HITCHENS & WILLIAMS LLP  
222 DELAWARE AVE., 10<sup>TH</sup> FLOOR  
P.O.BOX 2306  
WILMINGTON, DE 19899**



**CHRISTIANA CARE**

**LIFE INSURANCE  
PROGRAM**

**FULL TIME  
EMPLOYEES**

**Human Resources: Benefits/Records Office  
(302) 428-5794**

**All other full-time employees**

Premium Waiver: 90 or 180 days depending upon which LTD plan they are enrolled in at the time of disability

Disability-based benefits begin the day after Unum approves your claim and the elimination period is completed.

**LIFE INSURANCE BENEFIT:**

**AMOUNT OF LIFE INSURANCE FOR YOU**

**BASIC BENEFIT**

*Option A*

\$7,500

**ADDITIONAL BENEFIT OPTIONS:**

*Option B*

Annual earnings minus \$7,500, rounded to the next higher multiple of \$1,000, x 1.

*Option C*

Annual earnings minus \$7,500, rounded to the next higher multiple of \$1,000, x 2.

*Option D*

Annual earnings minus \$7,500, rounded to the next higher multiple of \$1,000, x 3.

*Option E*

Annual earnings minus \$7,500, rounded to the next higher multiple of \$1,000, x 4.

*Option F*

\$50,000 minus \$7,500

**AMOUNT OF LIFE INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED**

If you have reached age 70, but not age 75, your amount of life insurance will be:

- 65% of the amount of life insurance you had prior to age 70; or
- 65% of the amount of life insurance shown above if you become insured on or after age 70 but before age 75.

There will be no further increases in your amount of life insurance.

If you have reached age 75 or more, your amount of life insurance will be:

- 50% of the amount of life insurance you had prior to your first reduction; or
- 50% of the amount of life insurance shown above if you become insured on or after age 75.

There will be no further increases in your amount of life insurance.

**EVIDENCE OF INSURABILITY IS REQUIRED FOR THE AMOUNT OF YOUR INSURANCE (BASIC AND ADDITIONAL BENEFITS COMBINED) OVER:**

\$500,000 or over 4 x annual earnings



OVERALL MAXIMUM BENEFIT OF LIFE INSURANCE FOR YOU (BASIC AND ADDITIONAL BENEFITS COMBINED):

\$1,000,000

**SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.**

**OTHER FEATURES:**

Accelerated Benefit

Conversion

Portability

**The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.**



## BENEFICIARY DESIGNATION

### Life Insurance/Personal Accident Insurance

Employee Name: Stephanie FORDSocial Security Number: 222-56-5931 (please print)

Naming the beneficiary - it is important that your beneficiary designation be clear so that there will be no question as to your intentions.

### LIFE INSURANCE BENEFICIARY DESIGNATION

Please choose ONE option only:

OPTION 1:        PAY TO ESTATE

OR

OPTION 2:        PER TRUST AGREEMENT

OR

OPTION 3: Name specific beneficiary(ies) (Please Print)

Name: Michelle DeputyAddress: 19 ALBANY Ave New Castle DE 19720Percentage: 1/3 Relationship: Niece Age: (if minor) 27Name: Keith FORDAddress: 19 ALBANY Ave New Castle DE 19720Percentage: 1/3 Relationship: Nephew Age: (if minor) 30Name: Roberta HardenAddress: 19 ALBANY Ave New Castle DE 19720Percentage: 1/3 Relationship: Cousin Age: (if minor) 17

\*Total percentage should not equal more than 100.

## \*\*RELATIONSHIP CODES:

SP	Spouse	MO	Mother	FA	Father	SO	Son	DA	Daughter	BR	Brother
SI	Sister	GF	Grandfather	GM	Grandmother	GS	Grandson	GD	Granddaughter	AU	Aunt
UN	Uncle	CO	Cousin	OT	Other						

Stephanie F. Ford  
Employee Signature

(OVER)

12/17/98  
Date

✓  
SE

**CHRISTIANA CARE**

**Beneficiary Designation Form**

**Page 2**

**PERSONAL ACCIDENT INSURANCE BENEFICIARY DESIGNATION**  
Full Time employees only (IF APPLICABLE)

Please choose **ONE** option only:

**OPTION 1:** ☒ **SAME AS LIFE INSURANCE BENEFICIARY**

**OR:**

**OPTION 2: Name specific beneficiary(ies) (Please Print)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Percentage:\*** \_\_\_\_\_ **Relationship\*\*** \_\_\_\_\_ **Age: (if minor)** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Percentage:\*** \_\_\_\_\_ **Relationship\*\*** \_\_\_\_\_ **Age: (if minor)** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Percentage:\*** \_\_\_\_\_ **Relationship\*\*** \_\_\_\_\_ **Age: (if minor)** \_\_\_\_\_

\*Total percentage should not equal more than 100.

\*\*Relationship codes (see other side)

**PLEASE COMPLETE AND RETURN TO THE BENEFITS/RECORDS SECTION,  
HUMAN RESOURCES DEPT., WILMINGTON HOSPITAL**

Paul, Elaine

1987

From: FWZBXQ0@christianacare.org  
Sent: Friday, April 23, 2004 2:06 PM  
To: FormHRCCHSHRPemp@christianacare.org  
Cc: FWZBXQ0@christianacare.org; vfeiner@christianacare.org  
Subject: FORD, STEPHANIE - TERMINATION FORM

The following information was submitted from an INet Form called  
TERMINATION FORM by Green-Crews, Edith.

Employment Assignment: - FormHRCCHSHRPemp@christianacare.org  
\*Employee Name: - FORD, STEPHANIE  
\*Employee SSN#: - 222565931  
\*Cost Center: - 26541  
\*Last Day Worked: - 10/27/03 ✓  
\*Term Effective Date: - 04/13/04 ✓  
\*Eligible for Unused PTO Hrs: - Yes ✓  
\*Would You ReEmploy: - Yes ✓  
Voluntary Reason Code: - 100 Unable to Return from Medcial LOA  
Involuntary Reason Code: - None  
Comments: - EMPLOYEE HAS EXHAUSTED HER 24 WK LEAVE P  
ERIOD.

\*Approval: - PEITLOCK, SHARON  
Date Completed: - 4/23/2004  
Completed By: - Green-Crews, Edith

Date Sent: 4/23/04  
Time Sent: 2:06:05 PM

D0195

Wm  
5/5/04

A a 1



**CHRISTIANA CARE**  
HEALTH SERVICES

4755 Ogletown-Stanton Road  
PO Box 6001  
Newark, Delaware 19718-6001

302-733-1000

April 19, 2004

Stephanie Ford  
19 Albany Ave.  
New Castle, DE 19720

Dear Stephanie:

As a follow-up to our telephone conversation this morning, I am writing to you concerning your current leave of absences. Christiana Care's leave of absence policy provides a twenty-four week maximum for leave of absence in a 12 month period for medical reasons. You have reached this twenty-four week limit as of 04/13/04, therefore it will be necessary to remove you from Christiana Care's payroll effective this date.

If you are covered under Christiana care's long term disability plan, you should contact Debra Lewis at 428-5764 so that paperwork can be forwarded to you to apply for this benefit. Your removal from payroll will have no effect on any benefit you may qualify for under the disability plan. Following your termination from payroll, you will receive a notice which outlines your right to convert life insurance and to continue health and dental coverage and the rate you will be required to pay to maintain coverage. If you have any questions about benefit coverage, please contact Benefits at 428-5794.

If you receive clearance in the near future to return to work, you are welcome to re-apply for a position through the Employment Section of the Human Resources department. The Employment Section will attempt to place you based upon your qualifications in light of available vacancies. If it is possible to place you in a position at a later date, you may be entitled to have prior full time service restored. To discuss this, please contact me at 733-1120.

On behalf of Christiana Care, I would like to thank you for your years for service to Christiana Care Health Services. We are sorry that you are not able to continue work at this time.

Please do not hesitate to contact me with any additional questions.

Sincerely,

Anthanita Warner  
Employee Relations Assistant

D0196



**PENSION INFORMATION**

DATE NOVEMBER 14, 2006

NAME OF PENSIONER: STEPHANIE FORD

SOCIAL SECURITY NO: 222-56-5931

DATE OF BIRTH: 02/16/1962 POSITION: CLERK III

DEPARTMENT/DIVISION: X-RAY - WILMINGTON

EMPLOYMENT DATE: 08/24/1987

SEVERANCE FROM SERVICE DATE: 04/13/2004

RETIREMENT DATE: 03/01/2027

TYPE OF RETIREMENT: TERMINATED VESTED

DATE PAYMENTS COMMENCE: 03/01/2027

PARTICIPATION DATE: 07 MOS 24 DAYS FT

CREDITED SERVICE: 15 YRS 11 MOS 25 DAYS FT (.16267)

FINAL AVERAGE EARNINGS (Monthly) \$2127.14

SETTLEMENT OPTION: -----

ANNUAL AMOUNT: \$4671.24

MONTHLY INCOME: \$389.27

AGE AT TERMINATION: 42 YRS 01 MOS 27 DAYS

NRD: 03/01/2027

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES

THAT COPIES OF THE FOREGOING

WERE CAUSED TO BE SERVED THIS

13<sup>th</sup> Day December 2006, UPON THE

FOLLOWING IN THE MANNER INDICATED:

U.S. REGULAR MAIL

MORGAN, LEWIS & BOCKIUS LLP

MS. KENDRA BAISINGER

1701 MARKET STREET

PHILADELPHIA, PA 19103-2921

DAVID H. WILLIAMS  
MORRIS JAMES  
500 DELAWARE AVE  
WILM. DE 19899